



**HUMAN RESOURCES
PARTNER LEAVE APPLICATION**
(Do not use for Parental Leave)

SECTION 1 - PERSONAL DETAILS

Employee number Family name

First names Telephone

School/Admin Dept

Please indicate if you are Part-time Full-time Working Annualised Hours

Please specify below, the total hours worked each day (HR Use Only : FL604)

M	T	W	Th	F	S	Su	M	T	W	Th	Pay Day F	S	Su
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 - TYPE OF LEAVE (Dates to be inclusive)

Entitlements under the Staff Agreements 2014 and the [University Policy on Parental Leave](#) (including Partner Leave):

- Staff with 12 months or more continuous service are entitled to 2 weeks paid partner leave and 1 week unpaid partner leave
- Staff with under 12 months continuous service are entitled to 3 weeks unpaid partner leave

Leave Type	From (dd/mm/yy)	To (dd/mm/yy)	Hours/Weeks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: Partner Leave is accessible from the date of birth and up to 3 months after the date of birth.

SECTION 3 - EMPLOYEE DECLARATION

I confirm that I will abide by the *University Policy on Parental Leave (including Partner Leave)* and have provided/will provide medical confirmation or a birth certificate verifying the date of birth (or placement) of the child.

Employee signature Date (dd/mm/yy)

Employee name (please print)

SECTION 4 - LEAVE APPROVAL

Does the employee receive a non-superable allowance, eg HDA, special allowance etc? Yes No
 If "Yes", should they receive this allowance while on leave? (see conditions below) Yes No
 I confirm that the relevant health department contact has been informed of this leave Yes
 (Clinical Academics only).

Signature of Approved Delegate (See HR Delegations) Date (dd/mm/yy)

Name of Approved Delegate (please print) Telephone

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SECTION 5 - CURRENT APPROVER

If you are an ESS leave approver, and no-one will be acting in your position whilst away, please indicate the name of the temporary delegated leave approver.

HR Employment: please pass this form to Systems for delegation change.

Employee number Family name

First names Ext

Position title Position number

BU Description

Start date (of delegation) Date (dd/mm/yy)

SECTION 6 - TEMPORARY DELEGATED APPROVER

Employee number Family name

First names Ext

Position title Position number

BU Description

Start Date (of delegation) End Date (of delegation)